

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



SERVICE COORDINATOR AFFIDAVIT

I, **INSERT SERVICE COORDINATOR NAME**, Service Coordinator, being duly sworn, depose and say the following:

1. I am a Service Coordinator employed at the Developmental Disabilities Administration (DDA), under the Department on Disability Services (DDS). I have been employed by DDA since **INSERT START DATE/YEAR**.
2. I am the Service Coordinator assigned to oversee and assess the psychosocial needs of **INSERT INDIVIDUAL'S NAME**. **INDIVIDUAL'S NAME** has been assigned to my caseload since **DATE**. S/He has been observed monthly with information and observations noted in **her/his** case notes.
3. **INDIVIDUAL'S NAME** was born in **PLACE OF BIRTH** on **INDIVIDUAL'S BIRTHDATE**. S/He is **AGE** years of age.
4. **INDIVIDUAL'S NAME**'s current residence is located at **COMPLETE ADDRESS, CITY, STATE, ZIPCODE**. It is an **TYPE OF PLACEMENT** (i.e. Intermediate Care Facility, etc.) for persons with mental retardation, operated by **PROVIDER COMPANY**, where **he/she** receives therapeutic, behavioral and medical treatment.
5. **INDIVIDUAL'S NAME** functions in the **RANGE** range of mental retardation cognitively and in the **RANGE** range adaptively. He/She needs assistance and supervision with bathing, dressing and hygiene. He/She does not travel independently nor possess concepts of time or of money. Adapt these statements to fit your consumer's abilities and needs.
6. **INDIVIDUAL'S NAME** receives **type of statutory benefits** in the amount of **\$70.00** month. She/He has D.C. Trust account with a balance of **\$BALANCE** as of **DATE CHECKED** and a burial account in the amount of **\$ BALANCE**.
7. **INDIVIDUAL'S NAME** has no family contacts OR has family, **NAME and RELATIONSHIP**, who prefers not to make medical decisions for his son/daughter/etc. (Please adapt this paragraph as necessary and be as specific as you can as to dates of last contact, names, addresses, etc.)

SC NAME

DDA Service Coordinator

Phone number: **PHONE NUMBER**

Sworn and subscribed to before me this ____ day of _____, 20__.

Notary Public

My commission expires: